Receipt #:	AI CC	NHOL AND FERI	<u>City of Portage, W</u> MENTED MALT BEVERAGE
License #:		_	ON SUPPLEMENTAL FORM
	_	Appl	ication Date:
1. Applicant Information			
Applicant Name:			
Trade Name of Business:			
Business Address:			
Business Telephone:			
Business Email:			
Application Type: New Ren	ewal	Application Type:	Class A (fermented malt beverages) Class A (intoxicating liquors) Class A (cider only)
2. Business Plan			
Describe the business; provide of	copy of business p	olan (business plai	n is for office use only).
Describe your management expe	erience.		
			
Hours of Operation:			
Number of employees:			

Anticipated opening date (new applicants only): _ 1 of 5 Revised 4.29.2021

3. Security Plan:	
What security features will you have? Please check all that apply.	
Security Alarm System – If Yes, list name of company and c	ontact information below.
Security Cameras – If Yes, where will they be placed and wh	nat will be covered:
Who will have access to security cameras?	
How long will your data from the cameras be stored and will you all	ow the police to obtain video?
How many access doors do you have and when will they be open?	
Do you have: Outdoor lighting around the business?	Motion Detected
	Constant
Any after hours operation? Yes No	
If Yes please explain:	
4. Do you have a policy to train employees in the sale of alcohol?	Yes No
If yes, how often in the policy reviewed by the management and en	nployees?
Explain your process for age verification of customers	
6. Who will conduct the actual sale of alcohol? This is the transact	•
money to the cashier after reviewing the patron's identification. The when the money is exchanged, not when the merchandise is scanr	
Only employees over the age of 18 Only a licens	sed operator on the premises
Other, please explain:	

	nces/exits, liquor storage areas, coolers, external lighting, signage, etc. remises Description						
	Describe area where alcohol beverages are to be stored and indicate on the site plan. Describe area where alcohol records are to be stored and indicate on site plan. Describe area where alcohol beverages are to be sold and indicate on site plan.						
	Describe the locations in the store where alcohol will be displayed and the type of structu that will be used for the display (for example, temporary/permanent shelving, rolling shelf pallet, etc.)						
Is	there currently a license at the location (new applicants only)? Yes No If Yes, what if any, changes are being proposed?						
).	Is there any other business conducted on the premises? Yes No If Yes, please explain:						
	escribe good and services to be sold at this location, along with the estimated % of sales						
d	evoted to alcohol, food, other products and services.						
	Percent gross receipts from intoxicating liquor and/or fermented malt beverages:						
	Percent gross receipts from other (list below):						

	Contact Person:						
	Email Address:						
	Telephone Number:						
13.	The following must be included with this application:						
	A. New Application Federal Identification Number Wisconsin Sellers Permit or Use Tax Registration Certificate with expiration date						
	Articles of Incorporation (Corporation/LLC only)						
	Deeds, Lease or Offer to Purchase Agreement						
	Form for surrender of previous license (if applicable)						
	Responsible Beverage Service Training Course Certificate						
	B. Renewal Application – Attach or check no changes box						
	Wisconsin Seller's Permit or Use Tax Registration Certificate with expiration datePederal Identification NumberNo changes from last application						
	Articles of Incorporation (Corporate/LLC)No changes from last application						
	Deed, Lease or Offer to PurchaseNo changes from last application (current year tax bill can be submitted in place of deed)						
	Form for surrender of previous license (if applicable)						
	Responsible Beverage Service Training Course Certificate (only if agent change)						

Signature of Applicant Date

4 of 5

Revised 4.29.2021

Department Approv	aı	i deilied, piease explain on back.				
City Clerk						
<u>Department</u>	Approved/Denied	<u>Signature</u>	<u>Date</u>			
City Clerk	☐ Approved ☐ Denied					
Administration						
<u>Department</u>	Approved/Denied	<u>Signature</u>	<u>Date</u>			
Taxes	Approved Denied					
Special Assessments	Approved Denied					
Utility Bills	☐ Approved ☐ Denied					
Other Claims Owed	Approved Denied					
Forfeiture from a	Approved					

violation of any City of Portage Ordinance

Approved Denied

Approved/Denied

Approved/Denied

Approved/Denied

Police Department

Department

Chief of Police

Fire Department

In compliance with

Building Inspection

Department

regulations

Department

regulations

Approved Denied

Approved

Approved

Denied

Denied

<u>Signature</u>

Signature

Signature

<u>ure</u>

Date

Date

Date

In compliance with